THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

April 29, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

NURSE-FAMILY PARTNERSHIP GRANT AGREEMENT WITH CALIFORNIA HOSPITAL MEDICAL CENTER
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Health Services, or his designee, to sign a grant agreement, substantially similar to the attached Nurse-Family Partnership Grant Agreement, Exhibit I, from Catholic HealthCare West, dba California Hospital Medical Center, in the amount of $311,199 effective upon date of Board approval through November 30, 2004, with provisions for two one-year automatic renewals in the amount of $311,199, effective December 1, 2004 through November 30, 2005 and December 1, 2005 through November 30, 2006, for a total grant of $933,597, contingent upon satisfactory progress reports, for the provision of Nurse-Family Partnership home visitation services to high-risk, first-time pregnant young women and their children residing in specific zip codes of Service Planning Areas 4 and 6.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving this action, the Board is accepting a grant agreement from the California Hospital Medical Center to support the continuation and expansion of the Nurse-Family Partnership program in specific catchment areas within Los Angeles County.

The Nurse-Family Partnership Program employs Public Health Nurses (PHNs) to conduct standardized assessment, education, referral, and case management services with the goal of improving maternal health and well-being, infant and early childhood health and development, increasing access to health services, and improving family stability and self-sufficiency.

The grant is sponsored by UniHealth Foundation through the California Hospital Medical Center exclusively for the purpose of providing home visitation and other related care services to persons living in poverty within specified zip codes of Los Angeles County.

Board approval of the recommended actions will enable the Department to continue to provide Nurse-Family Partnership home visitation services to high-risk, first-time pregnant young women and their children and to expand services to a greater number of the target population.

FISCAL IMPACT/FINANCING:

The total program cost effective upon date of Board approval through November 30, 2004 is $674,708, of which $311,199 (46%) is offset with UniHealth Foundation funds, $255,690 (38%) in Title XIX Federal Financial Participation, Maternal-Child Health (MCH) matching funds and $107,819 (16%) in County in-kind services for administrative and support staff. The grant agreement contains provision for two one-year automatic renewals in the amount of $311,199, effective December 1, 2004 through November 30, 2005 and December 1, 2005 through November 30, 2006, for a total of $933,597 in grant funds, contingent upon satisfactory progress reports for program services.

Appropriation needed for Fiscal Year (FY) 2003-04 expenditures are provided by existing resources. Funding for FY 2004-05 will be included in our final change budget request.

FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:

On November 16, 1999, the Board approved the Long-Term Family Self-Sufficiency (LTFSS) Plan Nurse Home Visitation Program for a total of up to $18.75 million in California Work Opportunities and Responsibilities to Kids LTFSS Performance Incentives funding. The program provided Public Health Nurses (PHNs) for home visitation to high risk pregnant and parenting mothers and their young children to conduct assessment, education, referral and case management.

In February 2000 the Nurse-Family Partnership Program commenced. The program aimed to improve maternal health and well-being, infant and early childhood health and development, increase access to health services, and improve family stability. The Department of Public Social Services (DPSS) LTFSS funding supported the majority of programmatic costs, including computer equipment, evaluation and staff training.

Due to California's budget crisis and a resultant $100 million budget shortfall in DPSS, the Nurse-Family Partnership Program FY 2002-03 Budget was reduced from approximately $3.7 million to $900,000 and all promised future funding was withdrawn.

The Nurse-Family Partnership Program receives available matching Title XIX federal funds from the California State MCH Branch to supplement program costs.

On November 6, 2003 the UniHealth Foundation awarded a grant to the California Hospital Medical Center in the amount of $933,597 for the Nurse-Family Partnership Program for a period of three years. DHS, in a collaborative effort with California Hospital Medical Center, applied for the UniHealth Grant to expand Nurse-Family Partnership home visitation services to high-risk, first-time pregnant young women and their children who reside within specific catchment areas of SPA 4 and 6 as outlined in Attachment A.

Board approval will enable DHS to assign four PHNs and one half-time supervisor to California Hospital Medical Center to restore full services at this site. Acceptance of the grant will increase the DHS' ability to provide Nurse-Family Partnership Program services to a greater number of first-time pregnant young mothers who are living in poverty within the targeted area.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommended action will allow DHS to expand current Nurse-Family Partnership Program services within the catchment areas of California Hospital Medical Center.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:kh

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BLCD3041.Kh.wpd

ATTACHMENT A

SUMMARY OF AGREEMENT

1. TYPE OF SERVICES:

Public Health Nurse home visitation to first-time pregnant young women who are living in poverty within the catchment areas of California Hospital Medical Center, Service Planning Areas 4 and 6.

2. AGENCY/CONTACT PERSON:

Lynn Yonekura, M.D.
California Hospital Medical Center
1401 South Grand Avenue, Suite LVY 311
Los Angeles, California 90015
Telephone: (213) 742-5974 Facsimile: (213) 742-5875
e-mail address: yonekura@chw.edu

3. TERM OF GRANT AGREEMENT:

Effective upon date of Board approval through November 30, 2004, with provisions for two one-year automatic renewals through November 30, 2006, contingent upon satisfactory progress reports.

4. FINANCIAL INFORMATION:

The total program cost effective upon date of Board approval through November 30, 2004 is $674,708, of which $311,199 (46%) is offset with UniHealth funds, $255,690 (38%) in Title XIX Federal Financial Participation, Maternal-Child Health matching funds and $107,819 (16%) in County in-kind services for administrative and support staff. The grant agreement contains provision for two one-year automatic renewals in the amount of $311,199, effective December 1, 2004 through November 30, 2005 and December 1, 2005 through November 30, 2006, for a total grant of $933,597 in grant funds, contingent upon satisfactory progress reports for program services.

Appropriation needed for Fiscal Year (FY) 2003-04 expenditures are provided by existing resources. Funding for FY 2004-05 will be included in our final change budget request.

5. PRIMARY GEOGRAPHIC AREAS TO BE SERVED:

Service Planning Areas 4 and 6, including zip codes 90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90010, 90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019, 90020, 90021, 90023, 90026, 90027, 90028, 90029, 90030, 90031, 90032, 90033, 90036, 90037, 90038, 90039, 90041, 90042, 90043, 90044, 90046, 90047, 90048, 90050, 90051, 90052, 90053, 90054, 90055, 90057, 90059, 90060, 90061, 90062, 90065, 90068, 90069, 90070, 90071, 90072, 90074, 90075, 90076, 90078, 90079, 90081, 90082, 90084, 90086, 90087, 90088, 90089, 90093, 90096, 90102, 90174, 90185, 90220, 90221, 90222, 90223, 90224, 90262, and 90723.

6. DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

Public Health Programs: Jeanne Smart, Director, Nurse-Family Partnership Program

7. APPROVALS:

Public Health Programs:	John F. Schunhoff, M.P.H., Chief of Operations
Contract Administration:	Irene E. Riley, Director
County Counsel (approval as to form)	Stephanie Jo Farrell, Deputy County Counsel

ATTACHMENT C

Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding $100,000

Department:	MATERNAL CHILD HEALTH AND ADOLESCENT HEALTH

Grant Project Title and Description -NURSE-FAMILY PARTNERSHIP GRANT AGREEMENT
Provision of Nurse-Family Partnership home visitation services to high-risk first-time pregnant young women and their children in Service Planning Areas 4 and 6. Grant award to Catholic HealthCare West doing business as (dba) California Hospital Medical Center.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
Uni-Health	Uni-Health Foundation Grant Award	ASAP

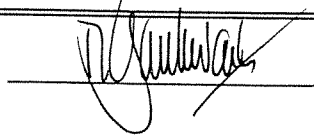
Total Amount of Grant	$933,597		County Match Requirements	N/A	
Grant Period: 3/1/04	Begin	Three year period	End Date:	11/30/06	
Number of Personnel Hired -Grant			Full 4 PHNs	Part Time	½ Supv.

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	X	No	
Will all personnel hired for this program be placed on temporary ("N") items?		X	No	
Is the County obligated to continue this program after the grant expires	Yes		No	X
If the County is not obligated to continue this program after the grant expires, the Department will:				
a). Absorb the program cost without reducing other services	Yes		No	X
b). Identify other revenue sources	Yes	X	No	
Describe				
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No	

Impact of additional personnel on existing space: None

Other requirements not mentioned above:
None

Department Head Signature 

Date 9/28/04

NURSE - FAMILY PARTNERSHIP GRANT AGREEMENT

by and between

COUNTY OF LOS ANGELES
("COUNTY")

and

CATHOLIC HEALTHCARE WEST,
a California nonprofit public benefit corporation
doing business as
California Hospital Medical Center

("HOSPITAL")

Effective Date: Date of Board Approval

TABLE OF CONTENTS

EXHIBITS

NURSE - FAMILY PARTNERSHIP AGREEMENT

THIS NURSE - FAMILY PARTNERSHIP AGREEMENT ("Agreement") is made and entered into in duplicate original this _____ day of _____, 2004 (which date shall be for reference purposes only), by and between CATHOLIC HEALTHCARE WEST, a California nonprofit benefit corporation doing business as California Hospital Medical Center ("HOSPITAL"), and COUNTY OF LOS ANGELES ("COUNTY").

THIS AGREEMENT is made with reference to the following facts:

A. HOSPITAL is currently operating an acute care hospital located in Los Angeles, California.

B. COUNTY through its Department of Health Services is responsible for protecting the health, preventing disease and promoting the well-being of over 9.5 million Los Angeles County residents, 17.9 percent of whom live at or below 100 percent of the federal poverty level.

C. COUNTY currently operates the Nurse Family Partnership (NFP) program, which targets low-income socially disadvantaged, first-time mothers and their children to improve pregnancy outcomes, qualities of parental care giving, and associated child health and maternal life course development.

D. COUNTY currently provides NFP nurse home visitation services, to first-time pregnant young women who are living in poverty and are seen in HOSPITAL's prenatal clinics and/or who live in HOSPITAL's community catchment area as defined by Service Planning Areas 4 and 6, through the existing "Esperanza Project," using one Public Health Nurse (PHN) to provide services to 25 high-risk pregnant young women who are living in poverty in accordance with the protocols and standards of the NFP national program.

E. HOSPITAL desires to expand the NFP program within its community catchment area in order to continue the promotion of community health and wellness.

F. COUNTY desires to expand the NFP program within County Service Planning Areas 4 and 6.

G. COUNTY and HOSPITAL collaborated to expand and sustain NFP services on a non-exclusive, as needed basis through a UniHealth Foundation grant, and UniHealth Foundation awarded HOSPITAL a restricted grant in the amount of $933,597, over three years to provide support for the NFP program.

H. HOSPITAL and COUNTY agree that the NFP program should be expanded by three additional PHNs to provide such services on a non-exclusive, as needed basis, and the parties hereto desire to enter into this Agreement to provide a clear and comprehensive statement of their respective rights, duties and obligations with respect to the provision of public health nurse home visitation services to high risk pregnant young women who live within HOSPITAL's community catchment area as defined by County Service Planning Areas 4 and 6, during the term hereof.

NOW, THEREFORE, in consideration of the recitals, covenants, conditions, and promises herein contained, the parties do hereby agree as follows:

1. **Services Provided by COUNTY**.

1.1 Services.

COUNTY hereby agrees to provide on a non-exclusive basis, subject to the terms and conditions set forth herein, the Nurse-Family Partnership (PHN home visitation) services listed in Exhibit 1.1 and subject to UniHealth Foundation Grant Agreement #489. COUNTY shall provide an expansion of the current NFP home visitation services to high-risk pregnant women who are living in poverty within HOSPITAL's community catchment area as defined by County Service Planning Areas 4 and 6, as defined in Exhibit 1.1 and subject to UniHealth Foundation Grant Agreement #489. All NFP home visitation services rendered by PHNs shall be in accordance with protocols of the Prenatal and Early Childhood Nurse Home Visitation model developed by Dr. David Olds. HOSPITAL shall not be obligated to pay for services provided or costs incurred pursuant to services not outlined in this agreement or without authorization from the Authorized Representative of HOSPITAL. COUNTY's PHNs shall perform and provide the services set forth in their Scope of Work, Exhibit 1.2 and subject to UniHealth Foundation Grant Agreement #489, attached hereto and incorporated herein by this reference.

1.2 Supplies and Equipment.

COUNTY shall, at its sole cost and expense, furnish the following in connection with the rendition of services: all routine equipment and supplies as may be required to perform services that are not detailed in their Budgets, Exhibits 5.1, 5.2 and 5.3 as reimbursable under the project budget.

2. **Personnel**.

2.1 Qualifications of Public Health Nurses.

COUNTY shall insure that all PHNs located at HOSPITAL are bilingual (Spanish) to meet the population mix of the clientele of HOSPITAL, and of Service Planning Areas 4 and 6 and meet the standards set forth below. COUNTY shall maintain on file appropriate evidence that such standards are met and shall make such evidence

available to HOSPITAL upon request. The standards to be met by all PHNs are as follows: PHNs employed by COUNTY and assigned to the NFP program at HOSPITAL shall be certified PHNs through the Board of Registered Nursing and certified as being trained in the NFP model of home visitation. All PHNs shall adhere to the standards of the Joint Commission on Accreditation of Healthcare Organizations. All PHNs shall be trained to administer CPR and shall be certified in the N-CAST method of mother/child assessment and shall have completed the Partners in Parenting Education (PIPE) required to fully apply the model program.

If requested by HOSPITAL, all PHNs located at HOSPITAL shall be in possession of a current HOSPITAL fire safety certificate as issued by HOSPITAL after completion of the required HOSPITAL-provided training. Certification shall be in compliance with specific city or county requirements as may be required by the governmental authorities in the jurisdiction in which HOSPITAL is located.

2.1.1 Pre-employment Interview and Physical Examination.

A. All PHNs must successfully complete a personal interview to be conducted by the COUNTY NFP Program prior to being located at HOSPITAL to ensure competency of said PHNs in accordance with Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") standards. Proof of completion of such pre-employment interview by all personnel located at HOSPITAL shall be on file at COUNTY and available for inspection by HOSPITAL upon request.

B. All PHNs must successfully complete a pre-employment physical examination, including: (i) either chest x ray or Mantoux skin testing for the detection of tuberculosis, and (ii) proof of Rubella Titer screening, followed by annual health examinations thereafter. Proof of Hepatitis Vaccine or declination must be provided for all PHNs upon request by HOSPITAL. Negative TB Mantoux Skin Test shall be updated annually. In the event chest x-ray is required, proof of negative chest x-ray must be on file at HOSPITAL. All PHNs located at HOSPITAL must complete a TB Symptom Free form not less than annually.

2.1.2 Orientation. PHNs shall attend an orientation session to be conducted at HOSPITAL. Said orientation session shall include a review of HOSPITAL policies, procedures, medication policies, documentation policies, supply and equipment policies, locations, and unit scope of practice. Attendance at the orientation session shall be waived either for PHNs who can show proof of having previously been located at HOSPITAL within one (1) year prior to such first assignment by COUNTY or who have completed an approved offsite orientation with documentation provided to HOSPITAL prior to such first assignment, which waiver shall be in the sole and absolute discretion of HOSPITAL supervisor on duty. HOSPITAL, at its sole cost and expense, shall provide all of the orientation materials to be provided to said PHNs.

3. **Compensation; Billing**.

3.1 Compensation.

In consideration of the services to be provided by COUNTY to NFP clients living within HOSPITAL'S community catchment area as defined by County Service Planning Areas 4 and 6, as defined in Exhibit 1.1 hereunder, HOSPITAL agrees to administer the grant funds in the amount of $933,597 (Nine Hundred Thirty-Three Thousand Five Hundred Ninety-Seven Dollars) obtained through the UniHealth Foundation and reimburse to COUNTY the costs set forth on Exhibits 5.1, 5.2, and 5.3 (Budgets) attached hereto and incorporated herein by this reference.

3.2 Billing Statement.

Commencing with the fourth (4th) calendar month of the initial term of this Agreement, COUNTY shall, on a quarterly basis on or before the fifteenth (15th) calendar day following the end of the quarter, submit a written billing statement to HOSPITAL for NFP services provided by COUNTY for the immediately preceding quarter in accordance with the schedule of rates attached hereto as Exhibits 5.1 thru 5.3 (Budgets). Billing will be on a reimbursement basis only. All billing statements shall clearly set forth the date(s) of service(s), and shall provide detail regarding all personnel and operating expenses consistent with the project budget provided in Exhibits 5.1 thru 5.3. The acceptance by HOSPITAL of any billing statement as herein provided shall not be deemed to preclude HOSPITAL from thereafter questioning the accuracy or completeness thereof, and should any billing statement be found to be inaccurate or incomplete, adjustment shall be made forthwith and one party shall pay to the other party on demand such sums as may be necessary to settle in full the accurate amount which should have been paid for the period or periods covered by the inaccurate billing statement or billing statements.

4. **Independent Contractor**.

COUNTY shall be in the relation of an independent contractor to HOSPITAL. All PHNs and other NFP staff including the clerk and Research Analyst located at HOSPITAL pursuant to this Agreement shall for all purposes be considered employees of the COUNTY only and not employees of HOSPITAL. COUNTY shall assume sole and exclusive responsibility for the payment of wages to PHNs for services performed by them within HOSPITAL's community catchment area as defined by County Service Planning Areas 4 and 6 and shall be responsible for withholding federal and state income taxes, paying federal social security taxes, unemployment insurance, and maintaining workers compensation coverage in an amount and under such terms as required by the California Labor Code. COUNTY agrees to protect, indemnify, defend and hold harmless HOSPITAL, its legal representatives, successors and assigns and each of them from and against any and all debts, liabilities, obligations, losses, damages, costs or expenses, including but not limited to attorneys' fees, accruing or arising from or in

connection with respect to COUNTY's payment or nonpayment of wages or benefits to, or the withholding or failure to withhold payroll taxes from, or in any other way with the performance by COUNTY of its obligations hereunder.

5. **Term**.

Notwithstanding its date(s) of execution by the parties, the term of this Agreement shall commence effective upon date of approval by the Board of Supervisors (the "Effective Date"), and shall continue thereafter until midnight November 30, 2006, unless earlier terminated as hereinafter provided.

6. **Termination**.

6.1 Termination "Without Cause".

Notwithstanding Section 8 hereinabove, either party hereto shall have the right to terminate this Agreement without cause at any time by giving written notice of termination to the other party. Termination shall be effective automatically upon the expiration of thirty (30) calendar days after the giving of such notice of termination.

6.2 Termination for Breach or Default.

Either party hereto shall have the right to terminate this Agreement in the event of a breach or default hereunder by the other party, and such breach or default shall continue for fifteen (15) calendar days after the giving of written notice from the other party specifying the nature and extent of failure to materially perform such obligation, this Agreement shall terminate automatically and immediately upon the expiration of said fifteen (15) calendar day period. Breach or default includes withdrawal of funds by the UniHealth Foundation or failure of either party to comply with UniHealth Foundation Grant Agreement #489.

7. **Effect of Expiration or Termination**.

7.1 Closing Billing Statements.

Upon termination or expiration of this Agreement, COUNTY shall render statements to HOSPITAL for all unpaid compensation due for services provided prior to the effective date of termination or expiration.

7.2 Survival of Provisions.

The attorneys' fees, indemnification, insurance, and access to books and records provisions of this Agreement shall survive said termination or expiration and remain in full force and effect.

7.3 No Further Liability.

Except as provided in this Section 10, upon the effective date of expiration or termination of this Agreement, the parties shall thereafter be automatically relieved and released from all further liability and obligation hereunder.

8. **Insurance**.

Insurance Requirements - COUNTY

During the term of this Agreement, COUNTY, at its sole expense, shall maintain in full force and effect a program of self-insurance acceptable to HOSPITAL for workers' compensation, general and professional liability arising from the COUNTY's participation in this program. At HOSPITAL's request COUNTY will provide a Certificate of Self-Insurance documenting such coverage.

Insurance Requirement - HOSPITAL

During the term of this Agreement, HOSPITAL, at its sole expense, shall maintain in full force and effect the following programs of insurance as specified in this Agreement:

1. General Liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:

General Aggregate:	$2 million
Products/Completed Operations Aggregate:	$1 million
Personal and Advertising Injury:	$1 million
Each occurrence	$1 million

2. Workers' Compensation and Employers' Liability insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which HOSPITAL is responsible. This shall include Employer's Liability coverage with limits of not less than the following:

Each Accident:	$1 million
Disease - policy limit:	$1 million
Disease - each employee:	$1 million

3. Professional Liability insurance covering liability arising from any error, omission, negligent or wrongful act of the HOSPITAL, its officers or employees with limits of not less than $1 million per occurrence and $3 million aggregate. The coverage also shall provide an extended two year reporting period commencing upon termination or cancellation of this Agreement.

At COUNTY's request the HOSPITAL shall provide evidence of insurance coverage acceptable to COUNTY. COUNTY's approval shall not be unreasonably withheld.

9. **Indemnification**.

9.1 Indemnification by HOSPITAL.

HOSPITAL shall protect, defend, indemnify and hold harmless COUNTY, its elected officials, officers, employees, agents and attorneys, and each of them from and against any and all liability, causes of action, expenses, proceedings, obligations, damages, losses, costs, claims and demands whatsoever of any kind or nature, including, without limitation, attorneys' fees arising directly or indirectly, from the negligent or intentional acts or omissions of HOSPITAL or its employees or agents under this Agreement.

9.2 Indemnification by COUNTY.

COUNTY shall protect, defend, indemnify and hold harmless HOSPITAL its affiliates and subsidiaries and their respective members, shareholders, directors, officers, employees, agents and attorneys, and each of them from and against any and all liability, causes of action, expenses, proceedings, obligations, damages, losses, costs, claims and demands whatsoever of any kind or nature, including, without limitation, attorneys' fees arising directly or indirectly, from the negligent or intentional acts or omissions of COUNTY or its employees or agents under this Agreement

10. **Compliance with Laws and Regulations; Licenses and Permits**.

COUNTY warrants that it is currently and shall remain throughout the term hereof in compliance with all State and Federal laws, ordinance and governmental regulations, which are now in force or may hereafter be in force applicable to employment of the PHNs who are located at HOSPITAL. COUNTY warrants further that while providing services under this Agreement, all PHNs shall comply with all provisions of all licensing laws under which such PHNs are licensed, with regulations promulgated thereunder, and with all policies and procedures adopted by HOSPITAL to protect the health and welfare of patients.

11. **General Provisions**.

11.1 Notices.

Any notices required or authorized under this Agreement shall be in writing and shall be deemed delivered if dispatched by U.S. mail, registered or certified, return receipt requested, postage prepaid or personal delivery addressed to the parties as set forth opposite their respective names below:

COUNTY:	COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES Maternal, Child & Adolescent Health Program Attn: Cynthia Harding 600 S. Commonwealth Ave., Suite 800 Los Angeles, CA 90005
HOSPITAL:	California Hospital Medical Center 1401 South Grand Avenue Los Angeles, CA 90015 Att: President / CEO
Copy to:	Catholic Healthcare West Legal Department 790 E. Colorado Boulevard, Suite 600 Pasadena, CA 91101 Att: General Counsel

If personally delivered, such notice shall be effective upon delivery. If mailed, notice shall be deemed given on the date it is deposited in the mail in accordance with the foregoing. Any party may change the address at which to send notices by notifying the other party of such change of address in writing in accordance with the foregoing.

11.2 Governing Law.

The validity, interpretation and performance of this Agreement shall be governed by and construed in accordance with the internal laws (not the choice of law) of the State of California.

11.3 Severability.

The provisions of this Agreement shall be deemed severable and, if any portion shall be held invalid, illegal, or unenforceable for any reason, the reminder of this Agreement shall be effective and binding upon the parties.

11.4 Captions.

Any captions to or headings of the articles, sections, subsections, paragraphs, or subparagraphs of this Agreement are solely for the convenience or the parties, are not part of this Agreement, and shall not be used for the interpretation or determination or validity of this Agreement or any provision hereof.

11.5 Counterparts.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute but one and the same instrument.

11.6 Waiver of Provisions.

Any waiver of any terms and conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

11.7 Force Majeure.

Neither party shall be liable nor deemed to be in default for any delay or failure in performance under the Agreement or other interruption of service or employment deemed resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure or transportation, machinery, or supplies, vandalism, strikes, or other work interruptions by employees or any similar or dissimilar cause beyond the reasonable control of either party. However, both parties shall make good faith efforts to perform under this Agreement in the event or any such circumstance.

11.8 Gender and Number.

Whenever the context hereof requires, the gender of all words shall include the masculine, feminine and neuter, and the number of all words shall include the singular and plural.

11.9 Attorneys' Fees.

In the event of any suit under this Agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs, including allocated costs of in-house counsel, to be included in any judgment recovered. In addition, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs, including allocated costs of in-house counsel, incurred in enforcing any judgment arising from a suit under this Agreement. This post-judgment attorneys' fees and costs provision shall be severable from the other provisions of this Agreement and shall survive any judgment on such suit and is not to be deemed merged into the judgment.

11.10 Access to Books and Records.

11.10.1 If HOSPITAL seeks reimbursement from the federal government for all or part of the services provided by COUNTY under this Agreement, upon proper demand COUNTY shall permit the Comptroller General of the United States, the Secretary or the Department of Health and Human Services and their duly authorized

representatives access to COUNTY's books, documents costs or services furnished under this Agreement for a period of four (4) years after such services are rendered, if the provisions of Section 952 of the Omnibus Reconciliation Act or 1980 (P.L. 96-449) and 42 C.F.R. Part 420, Subpart D are deemed to apply to the services provided under this Agreement. Authority for similar access will be included in any subcontract for the provision of services under this Agreement between COUNTY and any organization related to it, where the cost or value of such subcontracts is Ten Thousand Dollars ($10,000.00) or more in a twelve (12) month period.

11.10.2 COUNTY shall, at its sole cost and expense, prepare, keep and maintain full, complete and proper books, records and accounts of all services under this Agreement and shall retain such records for a period of seven (7) years. HOSPTIAL or its duly authorized agents, employees, successors and assigns shall have access at all reasonable times to such books, records and accounts for the purpose of inspecting and auditing the same.

11.11 No Third Party Interest.

This Agreement is entered into by and between the parties signatory hereto and only for their benefit. The parties hereby expressly agree that there is no intent by either party to create or establish third party beneficiary status rights or the equivalent in any other referenced individual, entity or third party, and no such individual, entity or third party shall have any right to enforce any right or enjoy any benefit created or established under this Agreement with respect to the rights and obligations or the parties hereto.

11.12 Entire Agreement; Amendments.

All oral and written agreements, contracts, understandings or arrangements which may have been heretofore made or entered into between the parties hereto are hereby terminated and superseded by this Agreement. This document contains the entire agreement between the parties hereto. No modification or alteration of this Agreement shall be valid and/or binding unless endorsed hereon and executed by all parties hereto. Except as set forth herein, no representations, promises, warranties or guarantees, oral or written, express or implied in fact or in law, have been made by either party concerning the transaction herein.

11.13 Assignment and Benefit.

Neither party shall assign or delegate any of the rights or duties hereunder to any third party without the prior written consent of the other party; except, however, the parties hereto acknowledge and agree that either party may assign or delegate this Agreement to any of its affiliated or subsidiary corporations without the prior written consent of the other party, unless such affiliated or subsidieary corporation may merge or consolidate with another corporation would have the effect of changing the legitimate control over the party. Any attempted or purported assignment by a party in violation of

the provisions of this section shall be void. Subject to the restrictions contained herein above, the covenants, conditions and promises herein contained shall inure to the benefit of and bind the legal representatives, successors, heirs, executors, administrators, purchasers, and assigns of the parties hereto.

11.14 Tax-Exempt Financing.

COUNTY agrees to amend this Agreement as may be necessary in order for HOSPTIAL to maintain its tax-exempt financing or to obtain new tax-exempt financing. Immediately upon request by HOSPITAL, COUNTY shall execute any and all such amendments presented by HOSPITAL and shall return said fully executed original amendments to HOSPTIAL forthwith.

11.15 Non-Discrimination.

Each of the parties hereto represents and warrants that it shall not discriminate on the basis of a patient's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, disability, marital status, insurance status, economic status or ability to pay for medical services except to the extent that such a circumstance such as age, sex, preexisting condition or physical or mental handicap, or disability is medically significant to the provision of appropriate care to the patient.

11.16 Exhibits.

All exhibits attached hereto and referred to herein are hereby incorporated herein as though fully set forth at length.

12. Obligations as a Covered Entity Under Health Insurance Portability and Accountability Act of 1996.

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ('HIPAA'). HOSPITAL understands and agrees that it is a 'Covered Entity' under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to Transactions and Code Sets, Privacy, and Security. HOSPITAL understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that COUNTY has not undertaken any responsibility for compliance on HOSPITAL's behalf. HOSPITAL has not relied, and will not in any way rely, on COUNTY for legal advice or

other representations with respect to HOSPITAL's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

HOSPITAL AND COUNTY understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA Law and implementing regulations related to Transactions and Code Sets, Privacy, and Security. Each party further agrees to indemnify and hold harmless the other party (including their elected officials, officers, employees, and agents), for its failure to comply with HIPAA.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

"HOSPITAL":

CATHOLIC HEALTHCARE WEST, a California nonprofit public benefit corporation doing business as CALIFORNIA HOSPITAL MEDICAL CENTER

By: _____
Mark A. Meyers
President

"COUNTY":

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

By: _____

Title: _____

EXHIBIT 1.1

PUBLIC HEALTH NURSE HOME VISITATION SERVICES

•Proposal Submitted and Approve d by UniHealth Foundation
•UniHealth Foundation Grant Agreement #489

CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION

and the

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

JOINT GRANT PROPOSAL

Submitted to the
UNIHEALTH FOUNDATION
October 2003

PROPOSAL SUMMARY

The Nurse-Family Partnership (NFP) Project was piloted in 1997 as the "Esperanza" program at California Hospital and Medical Center (CHMC) in Los Angeles where it has been in operation ever since. CHMC is requesting $311,199 a year for three years to maintain full services at this site to serve 100 program-eligible prenatal clients living within Service Planning Areas (SPAs) 4 & 6. The NFP uses the Prenatal and Early Childhood Nurse Home Visitation model developed by Dr. David Olds in Elmira, New York, that has been shown to enable at-risk mothers and their children to get and stay on the path to a meaningful and productive life. The Project targets low-income, socially disadvantaged, first-time mothers and their children to improve pregnancy outcomes, qualities of parental care giving and associated child health and maternal life course development. Public Health Nurses (PHNs) employed through the County of Los Angeles, Department of Health Services (DHS), provide intensive home visiting support that begins during the mother's pregnancy, beginning before her 28th week of pregnancy, and extending through the first two years of the child's life.

HOSPITAL INFORMATION

Hospital History

CHMC is a 501(c)(3) non-profit community hospital located just south of downtown Los Angeles at the corner of Grand Avenue and Venice Boulevard. Formerly associated with UniHealth America and now a member of Catholic Healthcare West, CHMC has dedicated the past 116 years to building a healthier community for the population of south and central Los Angeles. Once containing Los Angeles' affluent neighborhoods, the central and south central city have evolved to become identified with high rates of poverty, violence, and racial tension. The hospital's role is now more important than at any time in its history.

As a primary care hospital and a "disproportionate share" provider of services to Medi-Cal recipients and the medically indigent, CHMC is continually working to find new ways to deliver quality, cost-effective, culturally sensitive care to populations with limited resources. The focus is on improving access to health care for low-income people, improving the quality of health care for people in central Los Angeles, and promoting community wellness. In addition to providing a full range of hospital-based acute care services, CHMC operates a network of eight community clinics and other outreach programs that bring preventive care and other critical health-related services to individuals where they live, work, play, and worship. These services range from public health coverage enrollment assistance to domestic violence prevention education.

CHMC Current Programs, Activities & Accomplishments

In addition to medical care, CMCH offers a variety of services aimed at helping families help themselves.

Baby and Me Clinic – A teen clinic program to increase access to maternity care, improve pregnancy outcomes of teens, reduce the rate of repeat pregnancies and improve parenting skills. The Clinic cares for more than 200 teen mothers each year. In 1997 this program received an "Innovations in Maternal and Child Health" award from the State Maternal and Child Health Department. It is through this clinic that the majority of clients will be referred to the NFP for home visitation services.

Hope Street Family Center – Founded in 1992 with a research and demonstration grant from the federal Head Start Bureau, the HSFC began as a collaborative venture between CHMC and UCLA. Today, this collaboration has grown to include partnerships with over 22 community agencies. Serving an area of about six square miles, the HSFC is located on the campus of CHMC. It is dedicated to (a) enhancing the overall development of children, (b) strengthening the economic and social self-sufficiency and stability of families, and (c) enhancing the local service delivery network of agencies serving young children and families. In 2002 the HSFC was honored with a NOVA Award from the American Hospital Association. The HSFC was also selected as a model School Readiness Site by the Pathways Mapping Initiative and by the Children and Families First (i.e., First-5) Commission of the State of California.

The HSFC offers a seamless, flexible, comprehensive, culturally sensitive, and responsive array of services free of charge to meet a low-income family's individual and changing needs for at least the first five years of a child's life. The HSFC offers a variety of programs that fall into three major categories: (1) early childhood education, (2) family literacy, and (3) family support/home visiting. Many programs include more than one of these elements. Early childhood education programs include Early Head Start, Home Visitation Expansion Program, two Child Development Centers, Extended Day Family Childcare Network, and Language Enhancement Training Project. Family literacy programs include Even Start Family Literacy Program, ESL classes, Hope Street Youth Center, and LAUSD Continuation High School site. Family support/home visiting programs include the Early Head Start, Home Visitation Expansion Program, Esperanza (Nurse-Family Partnership) Project, and Pico-Union Family Preservation Program. (For brief descriptions of each program, please refer to the back of the Circle Diagram of HSFC, Attachment H)

SART/DART - The Sexual Assault Response Team (SART) and Domestic Abuse Response Team (DART) Program is a collaboration that specializes in the identification, treatment, prosecution, and prevention of sexual assault and domestic violence.

Pico-Union Family Preservation Network - CHMC is the lead agency for the Pico-Union Family Preservation Network, which targets sixty high-risk families referred from the Department of Children and Family Services who are addressing child abuse or neglect. Services offered to these families include in-home outreach counseling, child care, health care, employment and vocational training, mental health services, and parenting classes.

Community Asthma Project (CAP)-CHMC actively participates in the Chronic Disease Management Consortium that includes Huntington Memorial Hospital, Good Samaritan Hospital, Children's Hospital Los Angeles, and the National Health Foundation. In 2002, as a part of this collaboration, CHMC implemented CAP to improve health outcomes for medically underserved children with asthma by adapting Huntington's Pasadena Community Asthma Project to CHMC's community-driven model of health outreach and education utilizing community health promoters (e.g., *Promotoras*).

Community Dental Partnership (CDP) In 2003, CHMC, Eisner Pediatric & Family Medical Center and the Bresee Foundation implemented the CDP to provide dental screenings and treatment for uninsured children and adults living in central Los Angeles. CHMC conducts dental screenings at schools and churches that participate in our Health Ministry Program. A community health promoter provides outreach, case-management, and follow-up of screened participants.

Geographic Area Served

CHMC's total service area encompasses a primary service area of 11 ZIP codes (i.e., 90003, 90006, 90007, 90011, 90015, 90016, 90018, 90019, 90037, 90044 and 90062) and a secondary service area of 12 ZIP codes (i.e., 90001, 90002, 90004, 90005, 90008, 90017, 90020, 90026, 90043, 90047, 90057 and 90255). CHMC is located within the Los Angeles County, Service Planning Area (SPA) 4. Although it is one of the smallest SPAs within the County, it is the most densely populated one with over 1.1 million residents.

The community served by CHMC has some of the highest population densities, lowest incomes, highest proportions of immigrants, lowest educational levels, and highest unemployment and underemployment rates in the city. These factors work together to form a formidable barrier to healthcare access for women and their families. Lack of health insurance coverage, language and cultural barriers, limited transportation resources, and limited awareness about available health resources are additional barriers to health care access. For many in the community, paying for food, rent or childcare takes priority over paying for preventive health care and regular check-ups.

Los Angeles County Department of Health Services-Overview

The DHS is the health care provider for the county's low–income and medically indigent residents, serving approximately 800,000 patients each year. With a budget of approximately $3.3 billion,[1] their mission is to protect, maintain, and improve the health of communities. It operates five hospitals, one multi-service ambulatory care center, six comprehensive health centers, 17 health centers, and one residential rehabilitation center. DHS also contracts with private sector health providers to operate approximately 100 clinics, and provides pubic health services to county residents including AIDS prevention and treatment programs, restaurant inspections, communicable diseases control, and alcohol and drug treatment programs.

Health Services relies on multiple funding sources to support their service delivery. The funding sources include the 1115 Medicaid Demonstration project, California's Medicaid (Medi-Cal) Program, the federal Medicare program, and a portion of the revenue from sales taxes, vehicle license fees, and tobacco taxes. Because of federal and state requirements that mandate specific services that must be delivered to the County residents, DHS lacks the flexibility to redirect much of this income to new programs. And, as a result of ongoing budget difficulties within the state and federal governments, the current income received for these mandated services have been insufficient to meet the growing costs to hospitalize, treat and/or care for the poor and indigent of our communities. DHS has been negatively affected by the ever-growing number of uninsured individuals seeking care, and compounding the problem is reduced reimbursements for services rendered to these individuals from the federal government. DHS plans to reduce costs by closing hospitals and reducing hospital beds has been blocked by preliminary court injunctions, and the estimated "worst-case-scenario" result is that there will be an approximate $840 million deficit in the fiscal year 2007-08. For that reason, it is imperative that outside secure funding is found to support the innovative and proven successful programs, such as the NFP, that are not mandated to be delivered by federal or state law. These programs are the ones most likely be eliminated as DHS services are curtailed and staff dismissed in efforts to reduce costs.

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[1] For the County fiscal year ending June 30,2003, as detailed in the California State Auditor, Bureau of State Audits, L.A. County DHS Report, September 2003, #2002-019.

Nurse-Family Partnership Program History

The NFP is a relatively new program within DHS. In November 1997, the DHS in collaboration with CHMC and the University of California, Los Angeles (UCLA) was selected from nineteen other counties throughout the nation to be one of six sites to replicate this highly acclaimed, well tested model program for first-time pregnant young women. The program was nominally funded by the U.S. Department of Justice, through the Executive Offices for Weed and Seed and Juvenile Justice and Delinquency Prevention, because of its' impressive data showing that it prevented of juvenile delinquency. Although initially the L.A. County Department of Child and Family Services was interested in implementing this program for their foster teens, DHS was determined to have the greatest potential of meeting the more global needs of teens who were pregnant. In addition, DHS was able to obtain significant matching funds through the Maternal, Child and Adolescent Health program.

The program began operations as the "Esperanza Project" with four public health nurses (PHN) and one half-time PHN Supervisor, and served the patients of CHMC and residents of both Service Planning Area (SPA) 4 and 6. The suggestion to expand the "Esperanza Project" services came primarily from the community. In response to an L.A. Times, Column One article, "*Orphans of Addiction*"[2] concerning children who were placed at risk due to drug/alcohol use of their parent or guardian, the Los Angeles County, Board of Supervisors convened a Task Force to explore options to reduce this risk to children. The Task Force consisted of community representatives from drug/alcohol treatment centers, women's and homeless shelters, and clients with children in foster care. Also included on the Task Force were County's Counsel attorneys, Sheriff Department representatives, and representatives from the Departments of Mental Health, Children and Family Services, Social Services and Health Services. Through this group effort, home visitation using the "Doctor David Olds Model" (as it was called at the time) that was a proven and reliable model shown to prevent drug and alcohol use in high-risk pregnant teens was recommended. It was also planned to partner with community home visiting programs to establish a network of home supports for those who did not qualify for NFP. Not long after the establishment of the NFP and communication of its' impressive outcomes, there was a ground-swell of community support to expand this home visiting program countywide. The Board of Supervisors fully supported the recommendations of the Task Force, and has continued to voice their support for this model program ever since.

However, since the NFP is not a federally or state-mandated DHS program, another source of funding to support a full County rollout was necessary. Therefore, in November of 1998, DHS staff began negotiations with the Department of Public Social Services (DPSS) to obtain Welfare-to-Work, (i.e., CalWORKs) funding support. Following a lengthy qualification and contracting process, the NFP was officially awarded $18,750,000 in February 2000 to fund 35 PHNs and a full administrative and evaluation staff for 5 years. All 35 PHN staff, their supervisors and program Nurse Manager completed the mandatory one-week training at the University of Colorado, and also became certified in the mandated N-CAST[3] assessment technique. Evaluation staff coordinated data forms and linked data networks with the mainframe network at the University of Colorado. All staff were supplied with computers and were given instruction in how to input data and obtain information from the national website. In November 2000, the NFP also received a $500,000 per year for three years funding grant from

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2 L.A. Times, November 16, 1997.

3 N-CAST: Nursing-Child Assessment Satellite Training, University of Washington.

the First-5 L.A. Commission, and further expanded the program by 6 PHNs and one PHN Supervisor into other areas of high-risk within Los Angeles.

Due to the 2002 budget deficit within California, the promised 5-year support from DPSS was markedly curtailed, and funding was abruptly reduced by $3.4 million dollars. This cut resulted in the NFP program loosing 14 PHN staff, 1 PHN Supervisor, and two evaluation staff positions, and Phase II of the full County roll-out plan was halted, and no additional staff were hired as initially planned. Positions that were vacated were not refilled, and all vacant positions (i.e., 35) were removed from the budget plans. Clerical support was virtually eliminated, and the two remaining clerical support staff for the program have been redirected to provide services for a all sites. Remaining staff includes:

Field Staff and Supervisory Personnel
- PHNs (18 FTE: 2 FTE through MOU with the City of Long Beach)
- 5 PHN Supervisors (4.5 FTE)
- Nurse Manager (1 FTE)

Administrative Personnel
- Program Specialist (1/2 FTE)
- Program Administrator (1 FTE)
- Senior Secretary III (1 FTE)

Research, Evaluation & Quality Assurance
- Research Analyst III (1 FTE)
- Data Systems Analyst (1 FTE)
- Clerical (2 FTE for 6 field offices)

DHS has continued to support the program with net county costs and has maintained its' administrative staff to carry on the search for sustainable funding options. Dr. David Olds, the proprietor of the model program and DHS staff are working closely with the Justice Department and the State Maternal, Child Health DHS staff to explore other funding options, but the impact of the fiscal crisis within California has significantly impacted the availability of funds. DHS is seeking to maintain this valuable and proven program through small grants and endowments until such time as this program can be written into other programs mandated by State and Federal legislation, and more thoroughly supported with revised and increased funding match allowances.

NFP Current Programs, Activities & Accomplishments

NFP staff continue to serve the clients at a ratio of 25 pregnant young women for each PHN. It should be noted that when the woman delivers, the PHN then serves both the mother and the child, and the ratio then becomes 50 clients for each PHN. In addition, this ratio does not take in to account the other family/household members (averages approximately 5 per household) that also receive as-needed case management services from the PHN, such as the father of the baby and other relatives involved. The NFP program understands the need to maintain involvement and improve connections among all family members as a means to promote healthy infant/child growth and development, and the PHNs are directed to help the young mothers re-establish contacts with family. It has taken a considerable amount of the PHN's time to locate, assess and develop referral priority in community-based centers within their assigned geographic areas to provide supportive services such as parenting education, drug/alcohol treatment and/or emergency shelter for battered women. Over the last six years, the NFP program has tightened its' connections with community resources, and the PHNs have

informally become the "go-to" teen pregnancy consultants for community schools, treatment centers and shelters.

In September 1999, DHS NFP staff identified over 194 public and private programs within the County that performed home visitation as an integral part of their service delivery. In November 1999, DHS invited representatives from all the identified agencies to convene the first "Home Visitation Advisory Group" to gain input for an upcoming DHS Request for Proposals to evaluate home visitation models. As a result of the positive feedback from the Advisory Group members regarding the "rare" opportunity for professional and non-professional home visiting programs to collaborate in sharing information and resources, DHS along with two other community-based home visitation program leaders began the Home Visitation Network (HVN). Three individuals, two from community-based organizations and one from the DHS, currently co-chair the HVN. The HVN convenes quarterly, and offers educational and support information, discusses community resources, and shares information on topics of interest to the agencies.

NFP staff was also responsible for enlightening County protocols related to the rental of space from private, non-County facilities as a means to enhance collaboration and cooperation among agencies. Initially, NFP was to house nursing staff in Family Resource Centers to have better access to the community and professional consultants, similar to the experience with the Hope Street Family Center (HSFC). For example, the HSFC employs two social workers, a child development specialist, community members and has access to several medical professionals on site at CHMC. Formal case conferences between NFP Staff and a HSFC consultant typically occur 1-2 times each month, and emergency consultations occur as needed. NFP staff can also access the *Community Resource Directory for Central City Los Angeles Neighborhood* that was first compiled by HSFC staff in 1994, as well as refer their clients to the Hope Street WIC Office, CHMC Perinatal Education classes, and the Women's Health Center, including the Baby and Me Clinic for pregnant teens. All these services are given "in-kind" by CHMC, and have proven extremely valuable vital to the comprehensive care of this high risk group of young mothers, and was demonstrated to be an ideal means to share information, knowledge, resources and, most importantly, promote collaboration among agencies. However, other private facilities requested to be reimbursed for space, and the NFP program's ability to rent space within private facilities was limited by County protocols which have since been changed due, in large part, to the initial efforts of NFP and MCAH staff.

Probably the most significant accomplishment has been the record of service delivered to date for the clients residing in the CHMC catchment areas within SPAs 4 and 6. In the Final Evaluation Report of the NFP pilot at CHMC,[4] the following entry by the University of Colorado summarized as follows:

> "This [Los Angeles] NFP received strong community support through its affiliation with the California Hospital Medical Center (CHMC) and The Hope Street Family Center located at CHMC. While program staff were employees of the Los Angeles County Health Department, CHMC provided space at the hospital for program operations which enabled the home visitors to be centrally located within the target community to be served. ... Participant attrition at this site was the lowest (26%) of all Weed and Seed/Safe Futures sites participating in the initiative, with home visitors completing on

[4] O'Brien, R., Olds, D., McClatchey, M., Easton-Brooks, D.R. & Garcia, C. (2003), Weed and Seed/Safe Futures: Nurse Home Visitation Initiative, Final Evaluation Report; National Center for Children, Families, and Communities, University of Colorado, Denver.

> average 38 visits with participants from program enrollment through the child's second birthday. By program completion, 89% of participants were engaged in the workforce and the rates of subsequent pregnancies was much lower than that observed in the Denver Clinical Trial (17% vs. 29%). Approximately two years after initiation of the NFP in the target Weed and Seed neighborhood, the Los Angeles County Health Department obtained funding to sustain and expand the program model countywide. Since the county began expansion of the program in August 1999,[5] an additional 900 new women have been enrolled." [6]

Overall, the NFP is an innovative and community-directed program that has integrated its' services with those that are available within the community. It has a remarkable "track record" in that many of the NFP Los Angeles outcomes are better than those expressed as "benchmarks" by the University of Colorado in Denver. Based upon NFP's successful achievement of the short-term outcomes, it is predicted that the expected long term outcomes, such as reduced criminal behavior on the part of the first-born child when he/she reaches the age of 15 years old, will be met as well. That is a remarkable achievement!

NFP Geographic Area

NFP is currently providing services throughout the County in all zip codes, and within the City of Long Beach through a MOU using PHNs employed by the Long Beach City Health Services Department who are jointly supervised by L.A. DHS staff. The UniHealth Foundation Grant will fund NFP services within the CHMC catchment areas within SPAs 4 & 6.

FUNDING REQUEST

Specific Program to be Funded

CHMC is asking UniHealth to fund the NFP to provide services to first-time pregnant young women who are living within poverty and are seen within the hospital's prenatal clinics and/or live within CHMC's community catchment areas. This funding request is to cover the full costs of four PHNs to provide direct home based services to these high-risk mothers, and for partial costs to support their needed supervisory, clerical and research staff. All other administrative and evaluation services needed for the NFP at CHMC will be provided in-kind by DHS.

The program focus is on families who are determined to be "at risk" and have a greater need for preventive services, and it promotes positive health-related behaviors and an improved quality of infant care giving. PHN home visitors begin their intervention directly with the pregnant young women prior to her 28th week of pregnancy, and follow tested program protocols that focus on five domains of functioning: personal health, environmental health, maternal role development, maternal life-course development, and family and friends support. The PHN home visitor assesses and provides intervention (e.g., referrals, education or counseling) for any problems identified during the full course of service duration, and this applies to the father of the baby if his involvement is safe, and with all associated family members.

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5 This initial expansion was supported solely by DHS through the Maternal, Child and Adolescent Health grant and net county costs.

6 O'Brien, R., et.al. (2003), Weed and Seed/Safe Futures: Nurse Home Visitation Initiative, Final Evaluation Report; National Center for Children, Families, and Communities, University of Colorado, Denver, Pages 32-33.

Health Needs to be Met

The program consists of several key components that research and experience have shown to be important to yield consistently good outcomes for teen/young mothers and their children. For example, the program focus is on families who have a greater need for preventive services, and it promotes positive health-related behaviors and an improved quality of infant care giving. Home visits are initiated by PHNs before the mother's 28th week of pregnancy in order to bond and establish trust with the mother, and are continued through the second year of the child's life.

The nurse performs home visits and assesses the needs of the woman, her baby and family system. The nurse synthesizes health education, mental health, and community health nursing approaches to address the following:

- Information needs of the woman and family members about how to better cope and optimize outcomes related to the pregnancy, birth, and early care of the infant and child;
- Ongoing assessment and intervention needs (i.e., medically, mentally and socially) to guide the woman to a successful outcome in her pregnancy and child rearing;
- The woman's needs for personal affirmation in the context of a caring and supportive relationship;
- The woman and family's utilization of formal services to meet health, food, shelter, and support needs, with nursing support and intervention when indicated;
- All aspects of parent education related to any health, mental health or socially-related issue that may impact her pregnancy/child; and
- Facilitation within the family system to enhance informal social supports and identify linkages for other needed support services.

Needs Assessment

Local Area Needs Assessment

CHMC is located with the Los Angeles County, Service Planning Area (SPA) 4. Although it is one of the smallest SPAs within the County, it is the most densely populated one with over 1.1 million residents living in an urban area the size of 16.5 square miles.[7] Many of the demographics of this area have been associated with higher health, social and developmental risk to children, such as crowded housing, low educational levels and widespread poverty.

The majority of SPA 4 residents are Latino (54%), 22% are Caucasian, 15% are Asian/Pacific Islander, 6% are African American, and 0.3% are Native American. Seventy percent of SPA 4 residents over the age of five years do not speak English as their primary language, with nearly half (49%) of the population speaking Spanish at home. Approximately 10% of SPA 4 residents over the age of 16 years are unemployed, slightly higher than the 8% average for Los Angeles County. Over one-half (55%) of the residents of SPA 4 have a family income less than 200% of

[7] United Way of Greater Los Angeles. (2003). Zip Code Databook for Los Angeles County Service Planning Area 4. Available online: http://www.unitedwayla.org/pfdfiles/spa_data/SPA4_2002_cen_data_final.pdf

the Federal Poverty Level (FPL), and 26.2% have a family income less than 100% of the FPL.[8] Seventy-seven percent of SPA 4 residents live in rented units that are often overcrowded and deteriorating, and one-quarter of the population does not have a vehicle available to them.[9] Educational attainment is relatively low, with a high school graduation rate of 50%, as compared to the countywide average of 67%.[10]

SPA 4 has the second highest percentage of uninsured residents in Los Angeles County, with 26.9% of children and 43.5% of adults lacking health coverage. Related to that is the fact that SPA 4 residents had the second highest percentages of residents reporting that they do not have a regular source of medical care (e.g., 24.2% for adults and 10% for children).[11]

The data for the teens and women enrolled in the NFP program and living within CHMC's primary and secondary service areas within SPA 4 have demonstrated better outcomes when compared to Countywide data or other comparison groups. The following are the demographic characteristics of the 44 clients enrolled in the NFP Program and living in SPA 4 at program entry:

Mean age:	19.6 years	
Mean educational level:	10.75 years	
Percent unmarried:	79.5%	
Race/ethnicity:		
Latino/Hispanic:	90.9%	(40/44)
Black/African American	2.3%	(1/44)
Non-Hispanic/White	2.3%	(1/44)
Multiracial/Other	0%	(0/44)
Asian	2.3%	(1/44)
Native American	2.3%	(1/44)
Percent unemployed:	84%	
Mean Household income:	$13,500	

Analysis of available NFP outcomes data collected on all the clients previously served within the CHMC service catchment area show that significant positive outcomes have been achieved by this program. For example:[12]:

- NFP clients living in SPA 4 have a greater percentage of **full-term births** (95%) as compared to 89.3% for all births in Los Angeles County in 2000.[13]
- NFP clients living in SPA 4 have a greater percentage of **normal birth weight births** (95%) as compared to 93.6% for all births in Los Angeles County in 2000.[14]

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8 Ibid
9 Population Profile – 2000: Service Planning Area 4. Children's Planning Council website. Available online at http://www.childpc.org/spas/spa4/demog_4.pdf
10 Los Angeles County Department of Health Services, Health Assessment Unit (2002). Key Indicators of Public Health By Service Planning Area 1999/2000. Available online: http://lapublichealth.org/wwwfiles/ph/hae/ha/Website[2].pdf.
11 Ibid
12 NFP Program data is through March 20, 2003.
13 Department of Health Services, Center for Health Statistics.
14 Ibid

- NFP clients living in SPA 4 have a greater percentage of women **initiating breastfeeding** (88.5%) as compared to 81% for all women in Los Angeles County between 1994 and 1999.[15]

- Of the four NFP clients living in SPA 4 who self-reported **smoking** at program entry, three reported they were no longer smoking at 36 weeks of pregnancy (75%). Percentages of women who cease smoking during pregnancy are not available for Los Angeles County as a whole, however, a meta-analysis of a homogeneous set of randomized trials of prenatal smoking cessation interventions suggest that prenatal smoking cessation programs yield a 50% increase in smoking cessation during pregnancy.[16]

- Of the two (5.1%) NFP clients living in SPA 4 who self-reported **drinking alcohol** during pregnancy at program entry, both reported they were no longer drinking at 36 weeks of pregnancy. Percentages of women who drink alcohol during pregnancy are not available for Los Angeles County as a whole, however, a 1999 national survey suggests that 12.8% of women reported drinking during pregnancy.

Evidence of Importance

On Wednesday, March 12, 2003, the Los Angeles newspaper, the Daily News, ran an article on teen pregnancies and prevention. The report detailed a recent study by Norm Constantine, program director for the Center for Research on Adolescent Health and Development in Berkeley, California. The study noted that although we have reduced teen pregnancies, demographic and economic changes now threaten to completely reverse this progress. In 1991, California teenage girls between the ages of 15 and 19 gave birth to 72,000 babies. This dropped by 40% ten years later, to 54,000 births. However, with the funding for teenage pregnancy prevention programs being cut from budgets by Sacramento, and with growing evidence to show Latino pregnancies are on a rise (23% increase in teen birth rates is predicted by 2008), the need for pregnancy intervention services is greater than ever.[17]

Teen pregnancies not only limit a mother's education and job opportunities, they also negatively affect parenting, health and cognitive development in children.[18] [19] In addition, many of the most pervasive and costly problems faced by the offspring of young women who are living in poverty within stressful environmental conditions are a consequence of adverse maternal health-related behaviors (e.g., alcohol and drug consumption, cigarette smoking, poor nutrition, and failure to seek prenatal care). The planned NFP interventions are designed to reduce adverse maternal health-related behaviors, and aid in reducing the associated medical costs to fully care for these families. In addition, the nurse home visitor can facilitate the young mothers early compliance to medical follow-up and prenatal care

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15 Los Angeles County Department of Health Services, Health Assessment Unit. (2001). Breastfeeding Practices in Los Angles County. (Part of LA Health series of briefs.)

16 Dolan-Mullen, P., Ramirez, G., & Groff, J.Y. (1994). A meta-analysis of randomized trials of prenatal smoking cessation interventions. American Journal of Obstetrics & Gynecology, 171(5), 1328-34.

17 March 12, 2003, Los Angeles Daily News, summary of recent study by Norm Constantine, program director for the Center for Research on Adolescent Health and Development in Berkeley, California.

18 Phipps-Yonas S., (1980). The children of teenage parents. Family Planning Perspective: 12:34-43.

19 Lawrence, R.A., Merritt, T.A. (1981). Infants of adolescent mothers: Perinatal, neonatal and infancy outcomes. Sem. Perinatology, 5:19-32.

that can result in the early recognition and resolution of problems that could negatively impact both the mother and her unborn infant.

The NFP addresses all issues found to be of concern to this target population of first-time young mothers, and the program focuses on the following intervention strategies that have been empirically evaluated and proven to be effective:

- Focus is on young, first time mothers and their families who are living in poverty and at greater need for the special services delivered;
- Use of nurses who have extensive health knowledge and begin home visiting during pregnancy (to establish client-nurse rapport) and follow the family at least through the second year of the child's life;
- The promotion of positive health-related behaviors and qualities of infant care giving through education, demonstration and family involvement; and
- Provisions to reduce family stress by improving the social and physical environments in which families live.[20]

KEY ACTIVITIES AND MEASURABLE OBJECTIVES

Mission

The Mission Statement of the NFP was written in March 1999, and is as follows:

> Public Health Nurse (PHN) professionals will provide culturally competent, family intervention and support to first-time pregnant young women to optimize health, growth and development, quality of family life and access to care for them, their high-risk children and their families. This will be accomplished by empowering new mothers to acquire the knowledge, skills, and confidence needed to care for their children and become healthy, independent and productive adults.

Key Activities

Home visits are initiated by PHNs before the mother's 28th week of pregnancy in order to bond and establish trust with the mother, and are continued through the second year of the child's life. Each PHN carries a maximum caseload of 25 families, and the visitation schedule is mandated in Program protocols to be as follows:

- Weekly visits during the first month following enrollment (4 visits)
- Biweekly visits for the remainder of the pregnancy (5+ visits)
- Weekly visits during the first six weeks after delivery (6 visits)
- Biweekly visits thereafter through the 21st month of childhood (40 visits)
- Monthly visits until the child reaches age two (3 visits)

Using standardized protocols for each visit, the nurse thoroughly evaluates all five domains of functioning as mentioned earlier (i.e., personal health, environmental health, maternal role development, maternal life-course development, and family and friends support), and the amount of attention given to each is based upon the needs of the mother/child/family at that

[20] Olds, D.L. (1992). Home visitation for pregnant women and parents of young children. American Journal of Diseases in Children, 146:704-708.

moment in time. Crisis intervention is undertaken as needed, and life planning is encouraged to prevent future emergency situations within the family system.

The PHN home visitor performs specific assessments using validated models such as the Nursing-Child Assessment Satellite Training (N-CAST) to thoroughly assesses the mother child interaction, and intervention (e.g., referrals, education, support or counseling) is given or arranged for any problems identified during the course of follow up.

Evidence of Efficacy of NFP Intervention

Dr. David Olds demonstrated that this Program could achieve several positive maternal and child outcomes by using randomized clinical trials in Elmira, New York and Memphis, Tennessee and Denver, Colorado. His research has tracked these families for over 20 years, and the outcomes have been consistent and long lasting.[21] [22] [23] [24] [25] These previously documented, national outcomes of the NFP model of home visitation include the following:

GOOD HEALTH

- 25% reduction in cigarette smoking during pregnancy among women who smoked cigarettes;
- 25% reduction in the rates of hypertensive disorders of pregnancy and less severe cases among those with the condition; and a
- 56% reduction in the rates of children's health-care encounters for injuries and ingestion of poisons from birth through child's second birthday.

SAFETY & SURVIVAL

- 80% reduction in rates of maltreatment among at-risk families for children 0-2 years;
- 79% fewer verified reports of child abuse and neglect through the first child's 15th birthday; and
- 69% fewer arrests among the mothers.

ECONOMIC WELL-BEING

- 83% increase in the rates of labor force participation by first child's fourth birthday; and a

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21 Henderson, C.R., Tatelbaum, R., and Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. Pediatrics, 77(1), 16-28.

22 Olds, D., Henderson, C., Tatelbaum, R., & Chamberlin, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. Pediatrics, 78, 65-78.

23 Olds, D., Henderson, C., Tatelbaum, R., & Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged parents: A randomized trial of nurse home visitation. American Journal of Public Health, 78(11),p.1436-1445.

24 Olds, D., Eckenrode, J., Henderson, C., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen year follow-up of a randomized trail., Journal of the American Medical Association, 278(8), p. 637-643.

25 Olds, D., Eckenrode, J., Henderson, C., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L., & Luckey, D. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized trial. Journal of the American Medical Association, 280(14), p.1238-1244.

- 30-month reduction in AFDC (i.e., TANF/CalWORKs) utilization among low-income, unmarried women by first child's 15th birthday (from the 15-year follow-up using a control group, in Elmira, New York.)

SOCIAL & EMOTIONAL WELL-BEING

- 43% reduction in subsequent pregnancy among low-income, unmarried women by first child's fourth birthday;
- 56% fewer arrests among the 15-year-old children (mother's first born child);
- 44% fewer behavioral problems among the mothers due to substance abuse; and a
- Delayed birth of the second child an average of 12 months longer than participants not receiving NFP Home Visitation services.

Because there is no guarantee that any replicated program will be as effective as the pilot, short-term outcomes are measured at each NFP replication site and compared to a benchmark established at the University of Colorado, Health Sciences Center. To date, the NFP in Los Angeles has met or exceeded expectations on the short-term outcomes that project it is very likely to meet the long-term positive outcomes as well. In fact, the model proprietor, Dr. David Olds, considers the performance standards of the NFP-L.A. to be "exemplary" thus far, and in consideration of the program as a whole, NFP has achieved the following outcomes that are substantially better than the rates achieved by clients enrolled in the most recent scientifically-controlled studies in Denver, Colorado (i.e., "Denver Trials"):

Pre-term births: 7% of all NFP clients (enrolled through all funding sources) in Los Angeles County (LAC) had a pre-term birth, as compared to 11% of clients in the Denver Trials. The LAC NFP Program has also met the Healthy People 2010 objective of 7.6% pre-term births.

Low birth weight: 6% of all LAC NFP clients had a baby with low birth weight as compared to 8% of babies from the Denver Trials. The LAC NFP low birth weight rate is only slightly higher than the 5% target set by Healthy People 2010.

Initiation of Breastfeeding: 77% of all LAC NFP clients initiated breastfeeding, as compared to 75% of clients from the Denver Trials and the 75% target set by Healthy People 2010.

Continued Breastfeeding at 6 months: 31% of all LAC NFP clients continued breastfeeding at 6 months after delivery, as compared to 15% of clients from the Denver Trials.

Continued Breastfeeding at 12 months: 22% of all LAC NFP clients continued breastfeeding at 12 months after delivery, as compared to 7% of clients from the Denver Trials. The LAC NFP rate is only slightly higher than the 25% target set by Healthy People 2010.

In addition to achieving the stated outcomes, subsequent research on this home visitation model has determined that program costs, which are relatively high compared to most home visiting programs due to the exclusive use of nurse home visitors, are fully recovered by the time the child is four years old. The cost-effectiveness studies have considered a full spectrum of possible expenses to society, such as emergency medical bills, subsequent pregnancy costs, protective services involvement, criminal justice and incarceration and social welfare money that are avoided by this intervention program.

Specific Evaluation Plan

Please see Attachments A & B.

Responsibility for the Evaluation Plan

Evaluation of the Nurse-Family Partnership (NFP) Project is a collaborative effort between the Department of Health Services (DHS), the National Center for Children, Families, and Communities (NCCFC) in Denver, Colorado. The DHS NFP Evaluation Team develops the necessary outcome reports required by each funding agency, and employs the Result-Based Accountability (RBA) Model of evaluation to assess the level of fidelity to the program model, quality of delivered services, and impact of the Project on the participants.

For this grant, the NFP Evaluation Team will work closely with the DHS MCAH Research Team and CHMC staff to obtain ongoing baseline statistics to compare program outcomes to established area benchmarks. The Evaluation Team will also be responsible for collecting the CHMC NFP client data, ensuring that it is accurate and correctly entered into the computerized system, and analyzing the results in relation to the area benchmark data. The Evaluation Team will also direct the ongoing quality assurance efforts, as it does countywide, by extrapolating the NFP data to view the results per each individual nurse or on specific sub-sets of the clients served (e.g. by age, economic status, living situation, etc.). All outcome data will be shared with the supporting CHMC staff.

The NCCFC, under the direction of the developer and proprietor of the model Dr. David Olds, oversees the replication of the NFP model nationally and provides DHS with the necessary tools to collect data and conduct a range of evaluation activities. The NCCFC analyzes Project data from each of its' participating sites to assess fidelity to the NFP model and compare Project outcomes among sites throughout the United States. The tools provided by the NCCFC include a comprehensive set of data collection forms used by the nurse home visitors, and the web-based Clinical Information System (CIS) database that is used to collect and transmit Project data to the NCCFC for monthly review. NCCFC analyzes data, generates quarterly reports for DHS on program-wide process measures and provides annual reports on selected program-wide outcome measures.

The CIS stores data on a wide range of measures collected by the nurse home visitors. Data is collected at every nurse visit over the client's 27-month participation period, and includes outcome measures related to maternal health history, maternal health habits, family and friend relationships, infant birth, infant health care, infant language development and client demographic characteristics. Process measures tracked include client attrition rates, average number of visits per nurse, average completed visits vs. expected visits ratios, average percent of time spent on the various domains (personal health, environmental health, life course development, maternal role, and friends and family relationships) and length of visits.

Although CIS is an indispensable and well-tested data collection tool, it does not collect all the data kept by the NFP. DHS has developed a second database called the Supplemental Referral Log (SRL) to collect demographic and referral information to track clients' outcomes by

funding source/site of delivery. Demographic data collected includes the client's name, address (including zip code) and their Los Angeles County Service Planning Area (SPA) designation. The SRL will be used to track the zip codes of residents served by the NFP Project.

Timeline for Evaluation

A mid-year evaluation to review progress to date and analyze whether we are on target to meet our goals at CHMD will be done, and a comprehensive evaluation will be done at the end of each grant year and submitted to the UniHealth Foundation.

Measurable NFP Objectives

The DHS evaluation team will monitor the Project's goals and objectives by using the Results-Based Accountability (RBA) Model developed by Mark Friedman of the Fiscal Policy Studies Institute. To implement the RBA Model, DHS' evaluation has developed a logic model explaining how the inputs effect outputs, identified performance measures, collected baseline data, graphed past trends and future projections; and tracks, graphs and analyzes performance measure data by selected demographic characteristics. (See Attachment A: Nurse-Family Partnership Logic Model and Performance Measures.)

Measurable outcomes will include good health (i.e., percentage of normal weight births, full-term births, etc.), economic well being (i.e., mothers' length of time receiving welfare), education and workforce readiness (i.e., minor mothers enrolled in school or GED program).

Evaluation Indicators and Benchmarks for Success

Many of the NFP indicators (i.e., outcomes) used to evaluation the program progress have been established by the proprietor of the program. The University of Colorado has also participated in setting many of the indicators, as have many of the initial pilot sites. When data is available, the CHMC NFP program outcomes will be compared to those of similar populations within SPAs 4 & 6, or if that benchmark data is not available, to similar populations within Los Angeles County. If data is not available for the SPA or County, then the national NFP or Healthy People 2010 benchmarks will be used. The following indicators or "benchmarks" for success that are currently available and being used are as follows:

- Increase percentage of normal birth weight births ($\geq$ than 2500 grams or 5.5. lbs). (NFP average for programs nationwide is 91%; for all births to low-income women receiving Medi-Cal in L.A. County the average is 93.8%.)
- Increase percentage of full-term births ($\geq$ 37 weeks gestation). (NFP national average is 90%; L.A. averages 89.3% for all births in L.A. County.)
- Decrease percentage of women who smoke during pregnancy. (Average for L.A. county is 7.3%)
- Decrease percentage of women who drink alcohol during pregnancy. (18.8% of women in the National Pregnancy & Health Survey in 1992 self-reported drinking alcohol during pregnancy.)
- Decrease the average number of months women receive cash assistance through CalWORKs by helping them or their household family members

find employment. (Will attempt to get baseline data through DPSS.)

- Increase the percentage of pregnant/parenting minors (<18 years of age) who are enrolled in school. (Average percentage for the clients in the Denver Trails is 77%.)

- Increase the percentage of women who initiate breastfeeding. (For low-income women in L.A, the percentage is 76.5%; NFP programs nationwide are 60%.)
- Increase the percentage of women who continue to breastfeed at 6 months after delivery. (Average for all NFP programs nationwide is 25%.)

- Increase the percentage of women who continue to breastfeed at 12 months after delivery. (Average percentage for all NFP programs nationwide is 14%.)

- Decrease the percentage of minors (<18 years of age) who experience a subsequent pregnancy within 2 years of the birth of their first child. (Average percentage for all NFP programs nationwide is 34%.)

- Increase the percentage of children who are up-to-date with their immunizations. (Average percentage of kindergartners in Los Angeles is 70%.)

Timetable

Upon receipt of the grant, NFP can begin limited services as soon as the contracting details are approved by the CHMC administration and by the L.A. County Board of Supervisors. Upon administrative approval, the NFP can begin enrolling CHMC clients as their capacity within SPA 4 using four nurses. As each nurse graduates clients from the program following their 2½ years of involvement, they will enroll only those clients who have been referred by the CHMC prenatal clinics or emergency room, or by other CHMC programs or collaborative community partners. Each nurse will carry a full caseload of 25 clients, and within 6 months of project implementation using UniHealth funding, will have their entire caseload consisting of only SPA 4 & 6 clients.

Risks, Limitations & Obstacles to Success

The risks and limitations of implementing this program are perceived to be minimal. The NFP has functioned effectively and efficiently at CHMC since the pilot site was started on site over 5 years ago, although only one of the original four PHNs remains as staff who have been promoted into supervisory position have not been replaced due to the budget difficulty expressed earlier. The biggest obstacle to success is the current funding crisis facing the DHS, and the impact this may have on the in-kind administrative, evaluative and clerical staff support available through DHS. However, the nurses who will be assigned to the CHMC NFP program are not expected to be negatively impacted, and their established roles and responsibilities are now well enough established through experience in working with these high-risk young mothers that their work will continue without expected difficulty.

It is expected that current NFP PHNs will be reassigned to this site when funding is secured. The plan is to use previously trained and experienced nurses so that the Project can be started immediately, however training costs to replace one staff nurse has been included in this grant. The cost of training the nursing staff is a limitation to the number of nurses available and qualified to perform NFP work. The training involves one full week at the University of Colorado

and a $2000 training fee, one week of N-CAST training on site in Los Angeles given by a consultant, and two additional trainings by the University of Colorado on Infancy and Toddler protocols. This training ensures that all home visitors follow the strict program protocols that have been proven successful. At this time, there is a pool of bi-lingual/bicultural trained NFP nurses that will be considered for re-assignment to CHMC to work in this project. The obstacle will be filling behind their positions in other areas of the County.

Collaborative Agencies Involved

As mentioned earlier, along with the collaborative work of the DHS NFP program, the University of Colorado will be assisting with the evaluation processes for the CHMC site as part of their current contract to assist in the collection and analyzing of NFP data and comparison to the national benchmarks. In addition, the Home Visiting Network will provide a means to refer those clients who do not meet the intake requirements of the NFP. This cross-referral network is slowly gaining momentum within the County, and hopefully will be facilitated by continued funding through the First-5 L.A. Commission.

In addition, NFP is working with several agencies at the moment to collaborate on the First-5 L.A. Initiatives currently being released, and to apply for other grants as they become available. The collaborative agencies with which the NFP is currently collaborating include the following:

- Los Angeles County Office of Education (Applying for an Eisner Grant)
- Center for the Improvement of Child Caring, Studio City. (Dr. Kerby Alvy)
- Los Angeles County Department of Children and Family Services

Key Activities, Objectives, Indicators, and Timeline

See Attachment B for the requested chart of the NFP Key Activities, Objectives, Indicators and the timeline for completion.

STAFFING

Key Staff & Roles

The DHS NFP home visitor nursing staff planned to be used at this site have all received the necessary training in the NFP model of home visitation. In addition, they have completed all the other necessary certifications (i.e., N-CAST) and training (e.g., resource identification and access; recognizing and reporting child abuse; stress reduction techniques; time management, etc.). All attempts will be made to maintain the same nurse home visitor who has operated from the CHMC site for the last year, and other trained nurses operating at different Los Angeles sites will be reassigned to CHMC. The administrative and evaluation structure of the NFP will be provided in-kind by DHS to support this grant.

The staff model of the CHMC NFP Project entails a cadre of four full time equivalent (FTE) nurses, a 0.5 FTE nursing supervisor and a FTE Intermediate Typist Clerk (clerical) to assist with data input and site coordination with the main headquarters office. A Research Analyst III will be dedicated at 20% FTE to prepare new data entry forms unique to the CHMC project, prepare reports, analyze data and conduct quality assurance meetings with all direct-care staff. A 0.2 FTE Program Administrator, 0.2 FTE Nurse Manager and 0.2 FTE secretarial support will be supplied in-kind by DHS. These individuals are tentatively scheduled to be:

UniHealth Foundation Grant supported:

Nurse Supervisor	Rene Rothrock (.5 FTE)
PHN	Monica Nunez (current PHN at CHMC)
PHN	Yvonne Williams
PHN	Liliana Murillo
PHN	Jean Mitchell
ITC	Leslie Edwards
Research Analyst III	Kathye Petters-Armitage (.2 FTE)

DHS In-Kind supported:

Program Administrator	Jeanne Smart
Nurse Manager	Cindy Chow
Senior Secretary III	Loaretta Keith
Data Systems Analyst	Glenda Moore

New Staffing Requirements & Strategy for Filling Positions

There are no new staffing requirements for this project. However, the budget does incorporate estimated training costs for one new nurse should attrition occur during the grant period.

Consultant Use

No consultants will be used for this project unless new staff need to be trained in N-CAST.

BUDGET NARRATIVE

(See Attachment C for the full budget.) We are requesting a UniHealth Foundation grant of $311,199 per year for three years to support the Nurse Family Partnership Project as a collaborative effort between DHS, the employer of the Project staff, and CHMC where the Project will be based.

The DHS will utilize the Federal Financial Participation (FFP) guidelines as they relate to this program, and will be able to match the UniHealth dollars received with matching Medicaid Title XIX funds. These funds apply to personnel employed directly by a governmental agency, and the percent of reimbursement uses a complex formula that is based upon the number of eligible Medicaid recipients within Los Angeles and the type of nursing and supportive activities performed. Enhanced activities for the NFP Program will be reimbursed at the rate of 63% for salary, benefits, training and travel costs, and is detailed as the "MCH Match" on the budget (Attachment C.)

Personnel Services

A. Supported by the UniHealth Foundation Grant

Public Health Nurses (PHN) Four specially trained PHNs will be assigned to this project. Their salaries will be fully covered by the UniHealth Grant, and they will perform all the

home visits and interventions as dictated by the NFP Program protocols. In addition, they will conduct outreach, public awareness and recruitment activities, make first contact and enroll new families, provide a comprehensive assessment of the client and family needs, and develop family/client care plans. They will also provide in-home interventions, assist clients with accessing community resources and participate in weekly staff case conferences with CHMC staff as available.
Public Health Nursing (PHN) Supervisor (0.5 FTE) will also be specially trained in the application of the Nurse-Family Partnership model protocols to first-time pregnant young mothers, and she will supervise, advise, monitor and support the four PHNs who will be working with CHMC. In addition, the PHN Supervisor will consult with the PHNs on an individual basis, make joint home visits as needed, lead weekly staff case conferences, review nurses charting, care plans and written correspondence, and oversee staff orientation and inservice training. Only 50% of the PHN Supervisor salary will be covered by the UniHealth Grant, and the remaining 50% of her time will be covered by other grants/funding streams to supervise an additional four NFP nurses at another site.

Intermediate Typist Clerk (1) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will apply 100% of her time to this grant by supporting data entry at the CHMC site. Duties will include copying materials needed for patient education, assisting the PHNs with data entry and maintaining supplies and client materials on site for the clients served. This person will also be the conduit between the DHS headquarters office and the CHMC staff for the dissemination of supplies and information.

Research Analyst III (.2 FTE) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will apply approximately 20% of her time to this grant by overseeing all the NFP evaluation processes at CHMC. This person will also develop the data collection tools and benchmark data needed to supply this grant with the specific information that will be unique to this site and not previously collected by the Program. This person will also prepare the intermittent evaluation reports that compare the outcomes achieved by the CHMC NFP Program with the national norm established by the University of Colorado in Denver, and conduct the quality assurance sessions with staff.

B. **Supported In-Kind by the DHS**

Nurse Manager (1) will be specially trained in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will be responsible for the supervision, monitoring and support for the PHN Supervisor. DHS will provide approximately 20% of the Nurse Manager's time as in-kind support for this grant, and the remaining 80% of her time will be covered by other grants/funding streams to supervise an additional 4 supervisory staff.

Program Administrator (1) will be provided as in-kind support by DHS to oversee all administrative activities related to program functioning, and will ensure that all implementation, intervention and evaluation procedures are conducted with fidelity to the model protocols. In addition, the Program Administrator will continue the quest for sustainable funding for the entire program, and specifically the CHMC NFP site. This person will also oversee the supervision of all administrative staff, approve the

development of documentation materials, direct contract monitoring procedures, and review all evaluation processes to ensure accurate reporting of data.

Senior Secretary III (1) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and approximately 20% of her time will be dedicated to this grant in the supervision and monitoring of all supporting staff. In addition, the Senior Secretary III will assist with contract monitoring, budget expenditures analysis, and will be responsible for all personnel interactions, time reporting/monitoring, and ordering client supplies and incentives.

Data Systems Analyst (DSA) II (0.2 FTE) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and DHS will apply approximately 20%of the DSA II time as in-kind support to this grant. The DSA II will assist the Research Analyst III with all CHMC evaluation processes, and will assist with the coordination of CHMC NFP data with that of the overall program. This individual will also oversee and monitor the data input of the ITC to ensure the accuracy of data collection, and be responsible for training the nursing and clerical staff as needed in new data collection procedures.

Administrative Assistant II (0.2 FTE) will assist the Senior Secretary III with the dissemination of program materials, flyers and program advertisements to CHMC sites, and will assist with program data entry.

Employee Benefits (@ 32.3851% of net salaries) includes employee health and dental insurance, holiday and sick leave, life insurance, accidental death and dismemberment insurance, and workman's compensation insurance costs.

Bilingual Bonus is a County benefit of $100 given monthly to three of the four PHNs who are fluent in Spanish, and who will need to use this language to communicate with their clients.

Nursing Retention Bonus is a County incentive given to nursing staff (e.g., the PHN and PHN Supervisory staff) who have been employed with the County for greater than three years.

Operating Expenses

1. Training Expenses

    a. Subcontractor-University of Colorado is the site of the data mainframe for national NFP data, and the only site where training and materials can be obtained on the NFP model protocols. Their costs are as follows:

        - IT Support (Information Technology Support) is given by the University as data is collected at all national sites and sent to the University for analysis. Local site data is compared to the national norm and a report given back to the sites for their own analysis. The cost for the full, countywide DHS program, consisting of five sites that will include the 4 CHMC nursing staff is $6000 per year. Twenty percent (20%) of this cost will be applied to the UniHealth Grant.

- Nurse Training Fees are included to cover the costs associated to train one new nurse in NFP model protocols should there be staff attrition. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.

- Nurse Training Materials costs are related to the costs associated to supply one new nurse with the necessary NFP model training materials. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.

- Indirect Costs are a set percentage (i.e., 15.6603%) established by the University of Colorado as part of their contract, and is applied to all programs nationwide.

- Travel indicates the estimated amount to send one nurse to the University of Colorado to receive the mandatory one week training in the NFP model protocols should the need arise. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.

2. CHMC Administration Expense.

The CHMC Administration expense includes costs associated with serving as the project fiscal agent and coordination of the project. These costs are for accounting, allocation of audit costs, and other indirect costs incurred for grant administration. CHMC currently has a Federal Negotiated Indirect Cost Rate of 19.7% and is waiving this cost except for this CHMC Administration Cost line item. CHMC will provide the following items and expenses as in-kind contribution for the Nurse-Family Partnership project: This in-kind contribution amounts to $39,500, and includes:

Space – 300 sq. ft. of office space at $1.75 per square foot. ($6,300)
Office Furniture – 4 desks at $200 each. ($800)
Office Equipment – fax/copier, large copier use, laser printer. ($4,000)
Phone Service – 3 phones, phone lines, maintenance. ($500)
Information Technology – 1 computer, internet access, TA. ($3,000)
Security, Maintenance, Utilities – ($1,500)
Ancillary Services – Hope Street services, CHMC social workers, etc., $75 per hour, 312 hours annually. ($23,400).

3. Other Costs include costs incurred by the nurse home visitor staff in performance of mandated NFP procedures, and include:

- Mileage set at a County standard of $0.33 per mile driven in performance of NFP job duties.

- Cellular Phones for each nurse and nurse supervisor to take with them during field services. The nurse home visitors cell phone number is given to each of their assigned clients to facilitate rapid communication processes.

- Program Supplies include the cost of incentive gifts given to each client to encourage ongoing participation in program services. Incentive gifts include home medical supplies (e.g., nasal suction bulbs, ear thermometers), car seats, infant carriers, and educational videos and materials.

- Office Supplies include the costs of Xeroxing client training materials, and all paper and necessary desk, printer and computer supplies for the staff.

- Computers/Printers Equipment includes the cost of computer maintenance, paper, supplies and possible replacement costs if needed.

- Health Supplies includes the cost of medical supplies for the nurses (e.g., blood pressure cuffs, baby weight scales, measuring tapes, height/weight charts, and developmental assessment tools.)

Indirect Costs is a County standard established at 29.8720% of total net salaries. DHS will agree to reduce this cost to 10%, and will absorb the unmet 19.8720% as in-kind support to this grant.

Request for Partial Funding from UniHealth Foundation

We are requesting partial funding from UniHealth Foundation as detailed in Attachment C.

Project Sustainability

CHMC maintains a complete development staff of seven professionals under the auspices of the CHMC Foundation. The Foundation is governed by a Board of Directors, and employs staff to implement a strategic fundraising plan that includes planned giving, an annual campaign, special events, major gifts and private and public grants. The Foundation has successfully solicited grants and contracts from various private foundations including the Weingart Foundation, The Ralph M. Parsons Foundation, The Greenville Foundation, and the Good Home Medical Foundation, as well as various local, state, and federal programs. Government funders include the U.S. Department of Health and Human Services, California Department of Health Services, Los Angeles County Department of Children and Family Services, the City of Los Angeles, and the Los Angeles Unified School District. CHMC has a solid history of successfully developing and maintaining a wide range of community-based programs.

Efforts are underway to obtain follow-up funding for this essential community service to sustain the NFP Project beyond the life of the UniHealth Foundation's funding. The national NFP program is in the process of obtaining federal and state legislative changes that would support the incorporation of the NFP model into other designated Maternal and Child Health (MCH) and associated programs, and allow for more adequate reimbursement for all associated costs. For example, this model program would greatly benefit all young teens who become pregnant while in foster care or receiving protective services, and also would be highly beneficial for those pregnant young teens who are in juvenile camps. The NFP model would also prove beneficial in the DHS MCAH program, Black Infant Health, where this ethnic group receives services tailored to their special

needs and issues. In addition, on-going funding support is being sought from the State Department of Justice who initially funded the pilot project nationwide.

Attachments

A. Nurse-Family Partnership Logic Model and Performance Measures

B. Nurse-Family Partnership Activity/Evaluation Plan

C. Budget

D. List of Board of Directors and associated information.

E. Audited Financial Statements

F. Hospitals: Copy of Community Benefit Plan

G. Copy of IRS Letter regarding Tax Exempt Status

H. Diskette of Proposal

EXHIBIT 5.1

SCHEDULE OF PAYMENT

EXHIBIT 5.1

CALIFORNIA HOSPITAL & MEDICAL CENTER

AND THE

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES

NURSE FAMILY PARTNERSHIP PROGRAM

ONE-YEAR BUDGET

Date of Board approval - November 30, 2004

Items	# of items	% of FTE	Mths.	Salary	Total	MCH Match	UniHealth Total Charge	DHS In-kind
PERSONNEL SERVICES								
A. ***Core Personnel:***								
Public Health Nurse	4	100%	12	5,333	255,999	104,640	151,359	
Public Health Nursing Supervisor	1	50%	12	5,785	34,710	11,905	22,804	
Intermediate Typist Clerk	1	100%	12	2,556	30,667	9,814	20,854	
Subtotal - Core Personnel	6				321,376	126,358	195,017	
B. ***Evaluation Unit Personnel:***								
Research Analyst III	1	20%	12	4,314	10,354	3,313	7,041	
Subtotal - Evaluation Unit Personnel	1				10,354	3,313	7,041	
Total Salaries					331,730	129,672	202,058	
Employee Benefits (bud @ 32.3851% on total net salaries)				32.3851%	107,431	41,710	65,721	
Bilingual Bonus	3		12	100	3,600	1,472	2,129	
Nursing Retention Bonus	4.5		12	110	5,940	2,428	3,512	
TOTAL (UniHealth Dedicated) PERSONNEL					448,701	175,281	273,420	
OPERATI NG EXPENSES								
1. Training Expenses								
A. Subcontractor - University of Colorado Health Science Center								
IT (Evaluatiion & QA) support (20% of $6000 annual fee)					1,200	361	839	
Nurse Training Fees (# replacement nurses x $3000)	# new nurses		1		3,000	903	2,097	
Nurse Training Materials (# replacement nurses x $325)					325	98	227	
Subtotal					4,525	1,362	3,163	
Indirect Costs (Estab. by U.of Colorado)				15.6603%	709	213	495	
Contract total -					5,234	1,575	3,658	
B. Travel (# of nurses x 4000) mandated training in Denver					4,000	1,553	2,447	
Subtotal - Training/Travel Expenses					9,234	3,128	6,105	
2. CHMC Administration Expense					2,000	0	2,000	
3. Other Costs								
Mileage					1,881	730	1,151	
Cellular Phones (Usage charges for Field Staff only)	# of phones		5		5,400	1,625	3,775	
Program Supplies (Includes patient incentives)					3,500	1,054	2,447	
Office Supplies					999	301	698	
Computers/Printers Equipment (Maintenance only)					1,000	301	699	
Health Supplies					1,000	301	699	
Subtotal - Other Costs					13,780	4,312	9,468	
INDIRECT COSTS (10% on total net salaries)				10.0000%	33,173	12,967	20,206	
UNIHEALTH GRANT REQUEST					506,888	195,689	**311,199**	0
IN-KIND CONTRIBUTION BY DHS								
Nurse Manager or Program Specialist	1	20%	12	6,168	14,804	4,737		10,066
Program Administrator	1	20%	12	7,282	17,477	5,593		11,884
Senior Secretary III (Secretary III)	1	20%	12	3,941	9,459	3,027		6,432
Staff Assistant I (currently ITC)	1	20%	12	3,289	7,894	2,526		5,368
Data Systems Analyst II	1	20%	12	4,554	10,930	3,497		7,432
Subtotal: DHS In-Kind Personnel Contribution					60,563	19,380	0	**41,183**
DHS Mandated Indirect Costs (Unmet & for In-Kind) @ 29.8720%				29.872%	107,257	40,621	0	66,636
DHS Subtotal In-Kind Contribution					167,821	60,001	0	**107,819**
TOTAL PROGRAM COSTS					**674,708**	**255,690**	**311,199**	**107,819**

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EXHIBIT 5.2

CALIFORNIA HOSPITAL & MEDICAL CENTER

AND THE

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES

NURSE FAMILY PARTNERSHIP PROGRAM

ONE-YEAR BUDGET

December 1, 2004 - November 30, 2005

Items	# of items	% of FTE	Mths.	Salary	Total	MCH Match	UniHealth Total Charge	DHS In-kind
PERSONNEL SERVICES								
A. *Core Personnel:*								
Public Health Nurse	4	100%	12	5,333	255,999	104,640	151,359	
Public Health Nursing Supervisor	1	50%	12	5,785	34,710	11,905	22,804	
Intermediate Typist Clerk	1	100%	12	2,556	30,667	9,814	20,854	
Subtotal - Core Personnel	6				321,376	126,358	195,017	
B. *Evaluation Unit Personnel:*								
Research Analyst III	1	20%	12	4,314	10,354	3,313	7,041	
Subtotal - Evaluation Unit Personnel	1				10,354	3,313	7,041	
Total Salaries					331,730	129,672	202,058	
Employee Benefits (bud @ 32.3851% on total net salaries)				32.3851%	107,431	41,710	65,721	
Bilingual Bonus	3		12	100	3,600	1,472	2,129	
Nursing Retention Bonus	4.5		12	110	5,940	2,428	3,512	
TOTAL (UniHealth Dedicated) PERSONNEL					448,701	175,281	273,420	
OPERATI NG EXPENSES								
1. Training Expenses								
A. Subcontractor - University of Colorado Health Science Center								
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Nurse Training Fees (# replacement nurses x $3000)	# new nurses		1		3,000	903	2,097	
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Subtotal					4,525	1,362	3,163	
Indirect Costs (Estab. by U.of Colorado)				15.6603%	709	213	495	
Contract total -					5,234	1,575	3,658	
B. Travel (# of nurses x 4000) mandated training in Denver					4,000	1,553	2,447	
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UNIHEALTH GRANT REQUEST					506,888	195,689	**311,199**	0
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Nurse Manager or Program Specialist	1	20%	12	6,168	14,804	4,737		10,066
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Staff Assistant I (currently ITC)	1	20%	12	3,289	7,894	2,526		5,368
Data Systems Analyst II	1	20%	12	4,554	10,930	3,497		7,432
Subtotal: DHS In-Kind Personnel Contribution					60,563	19,380	0	**41,183**
DHS Mandated Indirect Costs (Unmet & for In-Kind) @ 29.8720%				29.872%	107,257	40,621	0	66,636
DHS Subtotal In-Kind Contribution					167,821	60,001	0	**107,819**
TOTAL PROGRAM COSTS					**674,708**	**255,690**	**311,199**	**107,819**

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EXHIBIT 5.3

CALIFORNIA HOSPITAL & MEDICAL CENTER

AND THE

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES

NURSE FAMILY PARTNERSHIP PROGRAM

ONE-YEAR BUDGET

December 1, 2005 - November 30, 2006

Items	# of items	% of FTE	Mths.	Salary	Total	MCH Match	UniHealth Total Charge	DHS In-kind
PERSONNEL SERVICES								
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TOTAL PROGRAM COSTS					**674,708**	**255,690**	**311,199**	**107,819**

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